



THIS IS NOT A CONSENT FORM.

This documents whether the OPO was contacted and/or the family was given an opportunity to donate.

Patient Name (Last, First, Middle)

Social Security Number

Age

Cause of Death _____ Date of Death _____ Time of Death _____

Hospital _____ Unit _____ Service _____

Pronouncing M.D. _____ Attending M.D. _____

1. Patient's medical record has been reviewed for proper consent forms by _____
(Name and Title)

2. ☐ OPO was not contacted. Reason: _____

(Name and Title) (Date)

3. ☐ OPO was contacted.

Name of Organ Bank Coordinator Contacted _____ Date _____ Time _____

Name of Tissue Bank Coordinator Contacted _____ Date _____ Time _____

Name of Eye Bank Coordinator Contacted _____ Date _____ Time _____

Notification made by _____
(Name and Title)

4. Family was offered the opportunity to donate or not donate.

☐ Yes☐ No. Reason: _____

Option offered by _____
(Name and Title) (Date)

5. Family was interested in organ, tissue and/or eye donation.

☐ No. Reason: _____☐ Yes. What was donated? (Circle all that apply)

Heart

Lungs

Liver

Kidneys

Pancreas

Eyes

Tissue

Bones

Entire body